

SERFF Tracking Number:	KEMP-125754492	State:	Arkansas
Filing Company:	Trinity Universal Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	FAU9621208F		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Auto Policy		
Project Name/Number:	Additional Insured Lessor/FAU9621208F		

Filing at a Glance

Company: Trinity Universal Insurance Company

Product Name: Personal Auto Policy

TOI: 19.0 Personal Auto

Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Filing Type: Form

SERFF Tr Num: KEMP-125754492 State: Arkansas

SERFF Status: Closed

Co Tr Num: FAU9621208F

Co Status:

Author: Scott Sprague

Date Submitted: 08/04/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Alexa Grissom, Betty Montesi

Disposition Date: 08/14/2008

Disposition Status: Approved

Effective Date (New): 08/14/2008

Effective Date (Renewal):

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

General Information

Project Name: Additional Insured Lessor

Project Number: FAU9621208F

Reference Organization:

Reference Title:

Filing Status Changed: 08/14/2008

State Status Changed: 08/14/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments: Filing all States simultaneously.

Reference Number:

Advisory Org. Circular:

Deemer Date:

We hereby file for your approval, form AU 962 12 08 Additional Insured-Lessor. This form is the same in every way as form PP 0319 08 86 Additional Insured-Lessor, previously approved by your department. The only change to this previously approved form, is the form number. This new form will be used in addition to PP 0319 08 86 to facilitate adding vehicles in excess of 4 to the insured's policy. It is necessary to have a second form number, due to systems limitations.

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Filing Company: Trinity Universal Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: FAU9621208F
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto Policy
Project Name/Number: Additional Insured Lessor/FAU9621208F

These forms will be put into production upon your approval. If you have questions, please feel free to contact me at 904-596-8455 or e-mail at ssprague@ekemper.com

Company and Contact

Filing Contact Information

Scott Sprague, Forms Analyst
12926 Gran Bay Parkway West
Jacksonville, FL 32258
ssprague@eKemper.com
(904) 596-8455 [Phone]
(904) 245-5601[FAX]

Filing Company Information

Trinity Universal Insurance Company
12926 Gran Bay Parkway West
Jacksonville, FL 32258
(904) 245-5600 ext. [Phone]
CoCode: 19887
Group Code: 215
Group Name:
FEIN Number: 75-0620550
State of Domicile: Texas
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form Filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trinity Universal Insurance Company	\$50.00	08/06/2008	21813534

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	08/14/2008	08/14/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	08/05/2008	08/05/2008	Scott Sprague	08/06/2008	08/06/2008
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>KEMP-125754492</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>FAU9621208F</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Auto Policy</i>		
<i>Project Name/Number:</i>	<i>Additional Insured Lessor/FAU9621208F</i>		

Disposition

Disposition Date: 08/14/2008
Effective Date (New): 08/14/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	KEMP-125754492	State:	Arkansas
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Project Name/Number:	Additional Insured Lessor/FAU9621208F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	PP 0319 0886	Approved	Yes
Form	Additional Insured Lessor	Approved	Yes

SERFF Tracking Number: KEMP-125754492 State: Arkansas
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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto Policy
Project Name/Number: Additional Insured Lessor/FAU9621208F

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/05/2008

Submitted Date 08/05/2008

Respond By Date

Dear Scott Sprague,

This will acknowledge receipt of the captioned filing. A fee of \$50.00 is required for review of this filing. Please submit the fee, and the filing will then be reviewed. Also, please send a response to this letter when the fee is sent.

Please feel free to contact me if you have questions.

Sincerely,
Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/06/2008

Submitted Date 08/06/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: EFT submitted today.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>KEMP-125754492</i>	<i>State:</i>	<i>Arkansas</i>
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Scott Sprague

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured Lessor	AU962	12 08	Endorsement/Amendment/Conditions	New	46.20	AU9621208.pdf

ADDITIONAL INSURED - LESSOR

SCHEDULE

Insurance Company

Policy Number

Effective Date

Expiration Date

Named Insured

Address

Additional Insured (Lessor) name and address

Description of "your leased auto:"

Coverages:

1. Single Limit Liability \$ _____ each accident

or

Bodily Injury \$ _____ each person

\$ _____ each accident

Property Damage \$ _____ each accident

2. No-Fault Coverage \$ _____ each person

(Enter "X" to indicate Damage to Your Auto Coverage provided)

() Collision Loss ACV minus \$ _____ deductible

() Other Than Collision Loss ACV minus \$ _____ deductible

Any liability and any required no-fault coverages afforded by this policy for "your leased auto" also apply to the lessor named in this endorsement as an additional insured. This insurance is subject to the following additional provisions:

1. We will pay damages for which the lessor becomes legally responsible only if the damages arise out of acts or omissions of:
 - a. You or any "family member," or
 - b. Any other person except the lessor or any employee or agent of the lessor using "your leased auto."
2. "Your leased auto" means:
 - a. An auto shown in the Declarations or in this endorsement which you lease for a continuous period of at least six months under a written agreement
3. If we terminate this policy, notice will also be mailed to the lessor.
4. The lessor is not responsible for payment of premiums.
5. The designation of the lessor as an additional insured shall not operate to increase our limits of liability.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

<i>SERFF Tracking Number:</i>	<i>KEMP-125754492</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: Personal Auto Policy
Project Name/Number: Additional Insured Lessor/FAU9621208F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/14/2008

Comments:

Attachment:

AR Filing Transmittal.pdf

Satisfied -Name: PP 0319 0886 **Review Status:** Approved 08/14/2008

Comments:

This is previously approved Form PP 03 19 08 86. The only change between this form and AU 962 12 08 is the form number.

Attachment:

Pp03190886 .pdf

FORM Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #
Unitrin	215

4. Company Name(s)	Domicile	NAIC #	FEIN #
Trinity Universal Insurance Company	TX	19887	75-0620550

5. Company Tracking Number	FBC0808F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Scott Sprague 12926 Gran Bay Pkwy W Jacksonville, FL 32258	Forms Analyst	904-596-8455	904-245-5601	ssprague@ekempe r.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Scott Sprague

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Personal Auto Policy
10. Sub-Type of Insurance (Sub-TOI)	Private Passenger Auto
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	

17.	Reference Organization # & Title	
18.	Company's Date of Filing	08/04/08
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	FAU9621208F
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21.	Filing Description Endorsement to outline the various charges and fees that apply to the policy
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount: \$50.00 - being submitted electronically.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

ADDITIONAL INSURED - LESSOR

SCHEDULE

Insurance Company

Policy Number

Effective Date

Expiration Date

Named Insured

Address

Additional Insured (Lessor) name and address

Description of "your leased auto:"

Coverages:

1. Single Limit Liability
or
Bodily Injury

\$ _____ each accident

\$ _____ each person

\$ _____ each accident

Property Damage

\$ _____ each accident

2. No-Fault Coverage

\$ _____ each person

(Enter "X" to indicate Damage to Your Auto Coverage provided)

() Collision Loss

ACV minus \$ _____ deductible

() Other Than Collision Loss

ACV minus \$ _____ deductible

Any liability and any required no-fault coverages afforded by this policy for "your leased auto" also apply to the lessor named in this endorsement as an additional insured. This insurance is subject to the following additional provisions:

1. We will pay damages for which the lessor becomes legally responsible only if the damages arise out of acts or omissions of:
 - a. You or any "family member," or
 - b. Any other person except the lessor or any employee or agent of the lessor using "your leased auto."
 2. "Your leased auto" means:
 - a. An auto shown in the Declarations or in this endorsement which you lease for a continuous period of at least six months under a written agreement
 3. If we terminate this policy, notice will also be mailed to the lessor.
 4. The lessor is not responsible for payment of premiums.
 5. The designation of the lessor as an additional insured shall not operate to increase our limits of liability.
- which requires you to provide primary insurance for the lessor, and
- b. Any substitute or replacement auto furnished by the lessor named in this endorsement.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.